30

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lows Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, lows 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

2010 OCT 28 AH 7: 4

electronically.

Effective May 1, 2010, all statements and reports for State PACs and State
Parties must be filed electronically.

COMMITTEE NAME (Must be same as on Statement of	Omenication)			
Washington County Citizens for Good Jobs	To grand Alberta ([FORM	
IMPORTANT: Indicate by # type of committee you are reporting (1)Statewide/Legislative/Judge Standing for Retention Candida (4)County Central Committee (5)County Candidate (6)City C Subdivision Candidate (8)County PAC (8)City PAC (10)Sci 11) Local Ballot Issue	to (2)State PAC (3)State Party	" , l	DR-2 (Rev. 12/2009) For Office Use On	
CANDIDATE COMMITTEES ONLY:		 [Comm. #	
Candidate Name	Political Party (If applicable)		Logged in	
Office Sought	District (if Senate or House)		Computer Audited	
ate reports are subject to possible civil and criminal penalties and idea of any other type and idea of any other type	Pursuant to lows Code sections 68B.32A of committee, is the individual responsible	101 filing	3A.401(3), the can timely and accura	te reporte,
IGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SI	GNED
AM FILING A October 22, 2010	REPORT FOR (1) ELECTION	/(2)NON-	ELECTION YEA	R.
(report date)	Indicate by #			•
CHECK IF AMENDMENT TO REPORT DATED	· _		mittees, enter Date	of Election
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is f	e of Dissolution Form DR-3.	Novemb County & I	er 2, 2010 ocel Committees,	
STATEMENT OF CASH ON HA	ND			W
ASH ON HAND at the beginning of the reporting period. committee. This amount MUST be the same as the of the last reporting period or must be zero if this in	te meh on hend at the and	S	138,578.62	
ADD TOTAL MONEY TAKEN IN THIS PERIOD			· · · · · · · · · · · · · · · · · · ·	
Schedule A: Cash Contributions total (Attach Sch	edule A) (*also see in-kind below)		0.00	
Schedule F: Loans Received total (Attach Schedu			0.00	·
Schedule H: Total Sales of Campaign Property (A			0.00	·
(Schedule Happlies to Candidates' Co		*********		
	SUB-TOTAL	\$	138,578.62	
SUBTRACT TOTAL MONEY SPENT THIS PERIO				
Schedule B: Expenditures total (Attach Schedule	B) (**also see debts and loans below)	*******	38,058.80	
Schedule F: Loan Repayments total (Attach Sche	dule F)	*******	0.00	
ASH ON HAND at the end of this reporting period (if final f			100,519.82	
JNPAID BILLS (From Schedule D - Attach Schedule D)		\$	5,900.00	
I KIND CONTRIBUTIONS (From Schedule E - Attach Sch	nedule E)	\$	401. 42	
DUTSTANDING LOANS (From Schedule F - Attach Sche	dule F)	\$	0.00	
ONSULTANT BREAKDOWN (Schedule G Attached?)			YES N)
NOIDATE COMMITTEES ONLY:				
LUE OF CAMPAIGN PROPERTY (From Schedule H - A	tach Schedule H)	s	0.00	
ATE COMMITTEES: Submit a reconciled campaign acco	•			

FOR INSTRUCTIONS, SEE BACK OF FORM

Ä	2.7.		47	in be	
---	------	--	----	-------	--

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHEC AME	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Washington County Citizens for Good Jobs

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT
10/15/10	NUMBER ID# CK#5022	The Weliman Advance PO Box 1 Weliman, IA 52356	Advertising	\$ 888.75
10/21/10	ID# CK# 5023	Washington Evening Journal 111 N. Marion Washington, IA 52353	Advertising	2,468.28
10/21/10	ID# CK# 5024	Washington Evening Journal 111 N. Marion Washington, IA 52353	Advertising	598.40
10/22/10	ID# CK# ₅₀₂₅	J&A Printing 1155 Sherman Road Hiawatha, IA 52233	Postage for Mailing	2,603.37
0/22/10	ID# CK# ₅₀₂₆	Link Strategies, LLC 321 E. Walnut Des Moines, Iowa 50309	General Consulting	25,000.00
0/22/10	ID# CK# ₅₀₂₇	Sheila Hanson 502 W. Main Street Washington, Iowa 52353	Consultant - Coordinate Volunteers in Washington Precincts	2,500.00
0/22/10	ID# CK# ₅₀₂₈	Paws & More 1004 W. Madison Street Washington, Iowa 52353	Donation for volunteers in helping with phone calls and door knocking	2,000.00
0/22/10	ID# CK# 5029	Riverside EOS 1715 Vine Ave Riverside, IA 52327	Donation for volunteers in helping with phone calls and door knocking	2,000.00
			SUB-TOTAL	\$ 38,058.80
			TOTAL (if last page of this schedule)	\$ 38,058.80

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(I).)

	1		1	
Page	. *	e e	1	

FOR INSTRUCTIONS,	SEE BAÇK	OF FORM
-------------------	----------	---------

COMMITTEE NAME (Must be same as on Statement of Organization)	SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.	CHE IF AM FOR	CK THIS BOX MENDING M

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period.

DATE		regan has b	f the reporting period., diess of whether an invoic cen received.
INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/22/10	J & A Printing 1155 Sherman Road Hiawatha, Iowa 52233	Printing of Flyer - Estimated	1,400.00
10/22/10	The Strategy Group, Inc. 1603 Orrington Ave. Evanston, IL 60201	Campaign Message Design - Estimated	4,500.00
		SUB-TOTAL	\$ 5,900.00
	TOTAL DEBTS OWED BY COMMITTEE AT	THE END OF THIS REPORTING PERIOD	5,900.00
actual figure is u	nknown, show "estimated" beside the figure.	Page	1 of 1

(for Schedule D)

CANDIDATE COMMITTEES NOTE:

'Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-rateing, polling, managing, or organizing services. Report on Schedule C the nature of performance and the estimated performance regionably expected of the consultant.

	ions, see back of form			SCHEDULE	
	NAME (Must be same as on Statement of ngton County Citiz		od Jobs	(Rev. 02/08)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTAN
	AND ADDRESS OF CONSULTANT			CHECK AMENDI	THIS BOX IF NG FORM
Meredith	Fisher				
125 56th					
city West Des	Moines, Iowa 50266	Zip Code			
	RIOD (MM/DD/YR)	TOTAL ANTICIPATED	COMPENSATION FOR PERFOR	MANCE	
From August 1 To Novemb	er 15, 2010		ense reimbursement		
TIMATES OF	PERFORMANCE				
Coordinate a	dvertising, door knockers, phone ba	inks and campaign sto	ps at local service organizations	and events.	
					·
			***		. 1
	D BREAKDOWN OF UNREIMBURSES • expenses should NOT be reported	D EXPENSES PAID BY on Schedule 2, as the	CONSULTANT TO OTHERS IN PI	IRFORMING SE	RVICES OF
DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHO (Disbursement) WAS	OM EXPENDITURE	PURPOSE	AMQUN EXPEND	
	none			\$ 0.00	
			SUB-TOTAL	\$ 0.00	
		TOTA	(if last page of this schedule)	\$ 0.00	
			Fage	1 of 3 (for Schedule G)

COMMITTEE	NAME(Must be same as on Statement o	f Organization)		SCHEDULE	BREAKDOWN
	ngton County Citiz		s	(Rev. 02/08)	OF MONETAR EXPENDITURI BY CONSULTA
RT - NAME	AND ADDRESS OF CONSULTANT			AMENDI	THIS BOX IF NG FORM
alling Addre					
ity	ainut, Suite 321 State es, Iowa 50309	Zip Code			
ONTRACT PI	ERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSA	TION FOR PERFOR	MANCE	
Novemb		25,000			
MATES OF	PERFORMANCE				
eneral	consultant, overall me	essage and campaig	n design.		
					·
					1
					:
T II- ITEMIZEI	D RREAKDOWN OF LINEKING LINE				
DATE	D BREAKDOWN OF UNREIMBURSED • expenses should NOT be reported NAME AND ADDRESS TO MILO	on consider D; as usey are direct p	T TO OTHERS IN PE	ERFORMING SEI	RVICES OF
T II- ITEMIZEI TRACT (Thes DATE EXPENDED MM/DD/YR)	NAME AND ADDRESS TO WHO (Disbursement) WAS	M EXPENDITURE	T TO OTHERS IN PE syment from the cor PURPOSE	ERFORMING SEI ISUITENT) AMOUN EXPENDI	т
DATE XPENDED	NAME AND ADDRESS TO WHO	M EXPENDITURE	Syment from the cor	AMOUN	т
DATE XPENDED	NAME AND ADDRESS TO WHO (Disbursement) WAS	M EXPENDITURE	Syment from the cor	AMOUN' EXPENDE	т
DATE XPENDED	NAME AND ADDRESS TO WHO (Disbursement) WAS	M EXPENDITURE	Syment from the cor	AMOUN' EXPENDE	T
DATE XPENDED	NAME AND ADDRESS TO WHO (Disbursement) WAS	M EXPENDITURE	Syment from the cor	AMOUN' EXPENDE	T
DATE XPENDED	NAME AND ADDRESS TO WHO (Disbursement) WAS	M EXPENDITURE	Syment from the cor	AMOUN' EXPENDE	T
DATE XPENDED	NAME AND ADDRESS TO WHO (Disbursement) WAS	M EXPENDITURE	Syment from the cor	AMOUN' EXPENDE	T
DATE XPENDED	NAME AND ADDRESS TO WHO (Disbursement) WAS	M EXPENDITURE	Syment from the cor	AMOUN' EXPENDE	T
DATE XPENDED	NAME AND ADDRESS TO WHO (Disbursement) WAS	M EXPENDITURE	URPOSE	AMOUN' EXPENDE	T
DATE XPENDED	NAME AND ADDRESS TO WHO (Disbursement) WAS	M EXPENDITURE	SUB-TOTAL	AMOUN EXPENDE \$ 0.00	T

(for Schedule 3)

FOR INSTRUCTIONS, SEE BACK OF FORM SCHEDULE GOMMITTEE NAME(Must be same as on Statement of Organization) G BREAKDOWN OF MONETARY Washington County Citizens for Good Jobs (Rev. 02/08) EXPENDITURES BY CONSULTANT CHECK THIS BOX IF AMENDING FORM PART I - NAME AND ADDRESS OF CONSULTANT Name of Consultant Sheila Hanson Mailing Address 502 W. Main St. State Zip Code Washington, Iowa 52353 CONTRACT PERIOD (MM/DD/YR) TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE From Oct. 1, 2010 Nov. 15, 2010 2,500 + expense reimbursement ESTIMATES OF PERFORMANCE Coordinate door knockers and phone banks in Washington precincts. PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.) EXPENDED NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE (MM/DD/YR) AMOUNT **PURPOSE** EXPENDED None \$ 0.00 SUE-TOTAL * 0.00 TOTAL (If last page of this schedule) \$ 0.00

FOR INSTRUCTIONS, SEE BACK OF FORM	
COMMITTEE NAME (Must be same as on Statement of Organization) Washington County Citizens for Good Jobs	SCHEDULE IN-KIND CONTRIBUTIONS
	CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET	√ IF FOR FUND-RAISEF CONTRIBUTIO
10/22/2010	Riverside Casino and Golf Resort 3184 Highway 22 Riverside, Iowa 52327	N/A	Employee time for door knocking	VALUE	CONTRIBUTIO
				\$ 461.42 \$	
			page of this schedule)	461.42	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)